

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 161 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1887

Full Name of Deceased, Julia Savoy {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 Years, 3 Months, 3 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Bulto. Med.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bulto. Med.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 104 Amity St.

Cause of Death, {First (Primary), Second (Immediate),} Hemorrhage of Umbilical Cord
10 hours

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th 1887

{Undertaker, William Dunge D. Morris M. D.

{Place of Business, 150 East St Address, 1209 W Fayette St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. A 662 Office of Registration of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Frederick Gregory.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 Years, Thirteen Months, and ten days Day

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 202 Garrett St.

Cause of Death, { First (Primary), Cholera Infantum Second (Immediate), Cerebral effusion. }

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Swiss Home

Date of Burial, June 27th 1887

{ Undertaker, John S. Moscher

{ Place of Business, Camden & Paca Address, 218 N. Liberty St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 163 Office of Registrar of Vital Statistics.

Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. B

Date of Death, June 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. Richter

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 5 Years, white Months, ✓ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Balto. City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Lifetown

Duration of Residence in the City of Baltimore, 52nd Conway St

Place of Death, { Give Street and Number. } 52nd Conway St

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Weston Cemetery

Date of Burial, June 28th 1887

{ Undertaker, Wm. Trepanier }

{ Place of Business, 221 Stutaw St Address, 16th Ward }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 664 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26.

Full Name of Deceased, James Curtis
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 7 Months, 7 Days.

Color, red

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Balto.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, 703

Place of Death, { Give Street and Number. } George Al

Cause of Death, { First (Primary), Second (Immediate), } Nephritis
Exhaustion
2 weeks

Duration of Last Sickness, 2 weeks
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27 1887

{ Undertaker, Alex Hummel } G. R. Fleming M. D.
Medical Attendant

{ Place of Business, Helena St } Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department Baltimore.

Permit No.

665

Office of Registration & Vital Statistics.

Ward

4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine A. Graff

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 62 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, new

Place of Death, { Give Street and Number. } 1416 Philpot

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 27 1887

Undertaker, H. Sander & Son

Place of Business, 720 Canton Ave

Medical Attendant, H. E. Droke M. D.

Address, 1519 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. A. 666 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Moenken
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 12 Years, 14 Months, 14 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
Occupation, None
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.
Duration of Residence in the City of Baltimore, Life Time
Place of Death, { Give Street and Number. } 1301 Garrett Ave. L. D.
Cause of Death, { First (Primary), Second (Immediate), } Meningitis
Prostration
Duration of Last Sickness, 6 days
All the above information should be furnished by the Physician.
Place of Burial, Garden. north. ave
Date of Burial, June 28th 1887
{ Undertaker, W. Sander & Son } A. L. Bollenbom M. D.
Place of Business, 710 Canton St. Address, 418 S. Paca St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022

The Special Attention of Physicians is Respectfully Invited to the Remarks below and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 667 Office of Registration of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26. 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cornelius Denny

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 13 Years, 6 Months, 6 Days

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, 6 mo.

Place of Death, { Give Street and Number. } 937 Jordanial.

Cause of Death, { First (Primary), Second (Immediate), } marasmus

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27. 87

Undertaker, Alex. Hunsley J. S. Raborg M. D. Medical Attendant.

Place of Business, 56 Orchard St. Address, 414 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No.

A 1168

Office of Registrar of Vital Statistics.

Ward

11^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fannie Hartzs.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

83

Years,

Months,

0

Days.

Color,

white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Housekeeper

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

45 years.

Place of Death,

{ Give Street and Number. }

9290 old no. Penna Ave

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Diarrhoea.

Exhaustion.

Duration of Last Sickness,

7 days.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Hebrew Cemetery

Date of Burial,

Jun 27

{ Undertaker,

Andrew Rohde

R. Ruckert

M. D.

Medical Attendant.

{ Place of Business,

730 Penna Ave

Address, Penna Ave + Roberts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. A. 669 Office of Registrar of Vital Statistics. Ward 11^a

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CERTIFICATE OF DEATH.

Date of Death, June 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Waters

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, _____ Days

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 55 Union St.

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy
Exhaustion

Duration of Last Sickness, Some weeks (I would suppose. I only saw it once the day before its death)
All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, June 27/87

Undertaker, Geo. E. Brown J. L. Greenwood M. D. Medical Attendant.

Place of Business, Health Office Address, Card Ave. & Madison St.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to those of Diseases on back of this certificate.

Health Department of Baltimore.

Permit No. A 670 Office of Registrar of Vital Statistics. Ward 20²

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th June 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Carlotta Fountain

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 0 Years, 7 Months, 2 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Doctor ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1036 Pennsylvania Avenue

Cause of Death, { First (Primary), Cholera Infantum }
{ Second (Immediate), Coma }

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Wester Cemetery

Date of Burial, Jun 27

{ Undertaker, Andrew Rohde }
{ Place of Business, 730 Penna Ave } Address, 3. E. Head St.

A. J. Bell M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]